

Expected Practices

Specialty: Urology

Subject: Prostatitis

Date: August 13, 2014

Purpose:

To provide clinical guidance in the assessment and treatment of Prostatitis.

Target Audience:

Primary Care Providers (PCPs)

Expected Practice:

Before Urology eConsult is submitted, the following assessments should be completed and resulted:

1. History: Ask about dysuria, perineal, penile or deep scrotal pain, and pain with ejaculation.
2. Obtain urinalysis and urine culture collection before digital rectal exam.
3. Collect prostatic fluid and culture: Prep tip of penis with alcohol swab. Perform prostate massage for 30 seconds (firmly sweep lateral to medial on lobes of prostate for 15 seconds each side, then sweep finger from base of prostate towards apex and distally). If prostate fluid is expressed during the prostate exam, use culturette swab and send for culture and sensitivity. Also collect small voided urine volume immediately after prostate massage and send for culture and sensitivity. Label culture as post-prostate massage urine culture.

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.

Treatment:

- If <35yo treat for STI with ceftriaxone x1, followed by 4weeks of doxycycline.
- If >35yo, and suspect STI then treat as above. If no suspicion for STI, then treat with 3 weeks of a quinolone (give Achilles tendon precaution). If some relief but symptoms continue after three week course, then initiate an additional 3 week course (for a total of 6 weeks). Bactrim DS may also be considered as empiric therapy for bacterial prostatitis since it covers Gram(-) organisms and achieves high levels in prostatic tissue.
- If prostatic fluid and urine culture were sent, ensure no resistance to chosen antibiotic course.
- Behavioral modification: recommend cessation of alcohol, caffeine, and spicy foods. Also recommend sitz baths.
- For pain relief recommend ibuprofen 600 mg PO tid for 2 weeks, then 600 mg Qday for 2 weeks if no contraindication.
- Reevaluate 3 months after treatment course

For patients with negative U/A and culture (>85 % of cases, then consistent with category IIIb chronic prostatitis/chronic pelvic pain syndrome) and don't respond to antibiotics, consider long-term care with:

- Alpha blocker Titrate up to 5 or 10mg PO QHS terazosin.
- NSAIDS and sitz baths as above.
- Symptom re-evaluation at 3 months after above.

Submit eConsult to Urology if no symptom abatement after the above therapies.